

Case 3:07-cv-03204-PJH Document 16-4 Filed 01/22/2008 Page 1 of 15

FOR ADMINISTRATION USE ONLY

Postmark Date: / /
Deposit Date: / /
Check Number:
Check Amount:
Entered By: *paid*

All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.

7,082.56

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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er#: 358200 Phone: 707/794-7943 0666
Name: M T B INCORPORATED
Addr: P O BOX 715
PENNGROVE CA 94951

REPORTING DATES

Local: 104
For Work Performed During: 05/2006
Rate Code: 126
Contribution Due: 06/10/2006
Delinquent If Received After: 06/20/2006

FOR ADMINISTRATION USE ONLY

Postmark Date: ____/____/____
Deposit Date: ____/____/____
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

Area: 0666 NORTH BAY
Asso.: 81 SMACNA

Agreement: 10 BUILDING TRADES
Job Class: 300 JOURNEYPerson, Foreperson 2

RATE CODE 126

Total Hours Worked	Rate
Health	7.93
SHC	.44
Nor Cal Pension	4.97
National Pension	2.06
Dues Check Off	2.32
Appr Train	1.00
SMO HIT	.02
Industry Prom	.65
Supp Pen 1	1.35
Supp Pen 2	.00
Vacation	4.02
Total	24.76 (1)

Overtime Hours Rate

Supp Pen 2	.000
Vacation	2.010
Total	<u>2.010</u> ⁽²⁾

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	4.02	
Total	<u>4.02</u>	(3)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign at

Wam/MS 6/10/06 Asst. Mgr.
Certifying Signature Date Title

☐ Check here if No Hours to report for Rate Code 126.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to:

**SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312**

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 126 TOTAL AMOUNT DUE: 3762.00

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EMPLOYER NAME & ADDRESS

REPORTING DATES

FOR ADMINISTRATION USE ONLY

CONTRACT

RATE CODE 118

*All hours reported should be the actual hours worked and not multiplied by 1.5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign as

☐ Check here if No Hours to report for Rate Code 118.
Please retain a copy of the form(s) for your records.

RATE CODE 118 TOTAL AMOUNT DUE: 1334.84

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FOR ADMINISTRATION USE ONLY

Postmark Date: ____/____/____
Deposit Date: ____/____/____
Check Number: _____
Check Amount: _____
Entered By: _____

Agreement: 10 BUILDING TRADES
Job Class: 301 JOURNEYPERSON, FOREPERSON 3

*All hours reported should be the actual hours worked and not multiplied by 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with Instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

 Certifying Signature Date Title
☐ Check here if No Hours to report for Rate Code 196.
 Please retain a copy of the form(s) for your records.

Remit form(s) and payment to:
SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

TOTAL HOURS:				
MULTIPLY TOTAL HOURS BY RATE:	N/A	2.835 ⁽²⁾	5.67 ⁽³⁾	26.41 ⁽¹⁾
AMOUNT DUE:				845.12

RATE CODE 196 TOTAL AMOUNT DUE:	845.12
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METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST

FOR ADMINISTRATION USE ONLY

Postmark Date: _____/_____/_____
Deposit Date: _____/_____/_____
Check Number: _____
Check Amount: _____
Entered By: _____

Area:	0666	NORTH BAY	Agreement:	70	SERVICE TECHNICIAN
Asso.:	81	SMACNA	Job Class:	600	SERVICE TECHNICIAN 2

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

Health	6.54	
Total	<u>6.54</u>	(4)

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

TOTAL HOURS:					
MULTIPLY TOTAL HOURS BY RATE:	N/A	2.445 ⁽²⁾	4.89 ⁽³⁾	12.75 ⁽¹⁾	6.54 ⁽⁴⁾
AMOUNT DUE:					

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

RATE CODE 144 TOTAL AMOUNT DUE:

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FOR ADMINISTRATION USE ONLY

Postmark Date: ____/____/____
Deposit Date: ____/____/____
Check Number: _____
Check Amount: _____
Entered By: _____

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named Employer to sign and

AMOUNT DUE:

☒ Check here if No Hours to report for Rate Code 141.
Please retain a copy of the form(s) for your records.

Remit form(s) and payment to:
SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

RATE CODE 141 TOTAL AMOUNT DUE:

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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

E#: 358200 Phone: 707/794-7943 0666
 Name: M T B INCORPORATED
 Addr: P O BOX 715
 PENNGROVE CA 94951

REPORTING DATES

Local: 104
For Work Performed During: 05/2006
Rate Code: 227
Contribution Due: 06/10/2006
Delinquent If Recieved After: 06/20/2006

FOR ADMINISTRATION USE ONLY

Postmark Date: ____/____/____
Deposit Date: ____/____/____
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
Asso.: 81 SMACNA Job Class: 302 JOURNEYPERSON, FOREPERSON 4

RATE CODE 227

Total Hours Worked Rate	
Health	7.93
SHC	.44
Nor Cal Pension	4.97
National Pension	2.06
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.35
Supp Pen 2	3.65
Vacation	4.02
Total	28.41 (1)

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by 1.5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above named employer to sign as

W. C. Ball 6/10/06 Asst Mgr

☒ Check here if No Hours to report for Rate Code 227.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

RATE CODE 227 TOTAL AMOUNT DUE:

ETAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUS
EMPLOYER'S REPORT OF CONTRIBUTIONS

ETAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUS
EMPLOYER'S REPORT OF CONTRIBUTIONS

FOR ADMINISTRATION USE ONLY

Postmark Date: _____
Deposit Date: _____
Check Number: _____
Check Amount: _____
Entered By: _____

RATE CODE 298 TOTAL AMOUNT DUE:	1245.00
Rate Code 176	874.00
EMPLOYER 358200 TOTAL AMOUNT DUE: (Check Amount)	2119.00

ETAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Er#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 04/2007 Rate Code: 126 Contribution Due: 05/10/2007 Delinquent If Recieved After: 05/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____ Entered By: _____
CONTRACT		

CONTRACT

Area:	0666 NORTH BAY	Agreement:	10 BUILDING TRADES
Asso.:	81 SMACNA	Job Class:	300 JOURNEYPerson, FOREPERSON 2

RATE CODE 126

Total Hours Worked Rate	
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	.00
Vacation	5.30
Total	27.30 (t)

Overtime Hours Rate

Supp Pen 2	.000	
Vacation	2.650	
Total	<u>2.650</u>	(2)

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	5.30	
Total	<u>5.30</u>	(3)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with the instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

 Certifying Signature Date Title

☐ Check here if No Hours to report for Rate Code 126.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 126 TOTAL AMOUNT DUE:	874.00
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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS		REPORTING DATES		FOR ADMINISTRATION USE ONLY	
Er#: 358200 Phone: 707/766-9790 0666		Local: 104		Postmark Date: ____/____/____	
Name: M T B INCORPORATED		For Work Performed During: 04/2007		Deposit Date: ____/____/____	
Addr: 620 PETALUMA BLVD #C-2		Rate Code: 196		Check Number: _____	
PETALUMA CA 94952-2870		Contribution Due: 05/10/2007		Check Amount: _____	
		Delinquent If Recieved After: 05/20/2007		Entered By: _____	
CONTRACT					

CONTRACT

Area:	0666 NORTH BAY	Agreement:	10 BUILDING TRADES
Asso.:	81 SMACNA	Job Class:	301 JOURNEYPERSON, FOREPERSON 3

RATE CODE 196

Total Hours Worked Rate	
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	1.50
Vacation	5.30
Total	28.80 (1)

Overtime Hours Rate

Supp Pen 2	.750	
Vacation	2.650	
Total	<u>3.400</u>	(2)

Double Time Hours Rate

Supp Pen 2	1.50	
Vacation	5.30	
Total	6.80	(3)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

Pascual
Certifying Signature

☒ Check here if No Hours to report for Rate Code 196.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]**TOTAL HOURS:**

**MULTIPLY TOTAL
HOURS BY RATE:**

AMOUNT DUE:

RATE CODE 196 TOTAL AMOUNT DUE:

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EMPLOYER'S REPORT OF CONTRIBUTIONS

FOR ADMINISTRATION USE ONLY

Postmark Date: ____/____/____
Deposit Date: ____/____/____
Check Number: _____
Check Amount: _____
Entered By: _____

Entered By:

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

Double Time Hours Rate	
Supp Pen 2	.00
Vacation	1.50
Total	1.50 (3)

AMOUNT DUE:

RATE CODE 217 TOTAL AMOUNT DUE:

**SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312**

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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS		REPORTING DATES		FOR ADMINISTRATION USE ONLY	
Er#:	358200 Phone: 707/766-9790 0666	Local:	104	Postmark Date:	____/____/____
Name:	M T B INCORPORATED	For Work Performed During:	04/2007	Deposit Date:	____/____/____
Addr:	620 PETALUMA BLVD #C-2	Rate Code:	227	Check Number:	_____
	PETALUMA CA 94952-2870	Contribution Due:	05/10/2007	Check Amount:	_____
		Delinquent If Recieved After:	05/20/2007	Entered By:	_____
CONTRACT					

CONTRACT

Area:	0666 NORTH BAY	Agreement:	10 BUILDING TRADES
Asso.:	81 SMACNA	Job Class:	302 JOURNEYPERSON, FOREPERSON 4

RATE CODE 227

Total Hours Worked Rate	
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	3.50
Vacation	5.30
Total	30.80 (t)

Overtime Hours Rate

Supp Pen 2	1.750
Vacation	2.650
Total	<u>4.400</u> (2)

Double Time Hours Rate

Supp Pen 2	3.50	
Vacation	5.30	
Total	<u>8.80</u>	(3)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and

1. 1. Name of the person who is the subject of the report

Certifying Signature Date Title

☒ Check here if No Hours to report for Rate Code 227

Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 227 TOTAL AMOUNT DUE:

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FOR ADMINISTRATION USE ONLY

Postmark Date: _____
Deposit Date: _____
Check Number: _____
Check Amount: _____
Entered By: _____

Entered By: _____

Entered By: _____

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

TOTAL HOURS:					
MULTIPLY TOTAL HOURS BY RATE:	N/A	.375 ⁽²⁾	.75 ⁽³⁾	2.52 ⁽¹⁾	7.04 ⁽⁴⁾
AMOUNT DUE:					

RATE CODE 118 TOTAL AMOUNT DUE:

RATE CODE 118 TOTAL AMOUNT DUE:

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EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Er#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 04/2007 Rate Code: 141 Contribution Due: 05/10/2007 Delinquent If Recieved After: 05/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____ Entered By: _____
CONTRACT		

CONTRACT

Area:	0666 NORTH BAY	Agreement:	70	SERVICE TECHNICIAN
Asso.:	81 SMACNA	Job Class:	252	TRAINEE 2ND 6 MONTHS

RATE CODE 141

Total Hours Worked	Rate
Health	.00
SHC	.44
Nor Cal Pension	1.08
National Pension	.64
Dues Check Off	.70
Appr Train	1.00
SMO HIT	.00
Industry Prom	.65
Supp Pen 1	.30
Supp Pen 2	.00
Vacation	1.80
Total	6.61 (1)

Overtime Hours Rate

Supp Pen 2	.000
Vacation	.900
Total	<u>.900</u> (2)

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	1.80	
Total	<u>1.80</u>	(3)

Minimum Health Care

Health	<u>7.04</u>	
Total	7.04	(4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

Madhula Kane 7/10/07 Acct'g. Mgr.

☒ Check here if No Hours to report for Rate Code 141.
Please retain a copy of the form(s) for your records.

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]**REMITTANCE ADDRESS**

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

RATE CODE 141 TOTAL AMOUNT DUE:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

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EMPLOYER'S REPORT OF CONTRIBUTIONS

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